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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/584,707	
	Filing Date		Herewith	
	First Named Inventor		Hartmut S. Engel	
	Title	LIGHTING FIXTURE CLOSING MECHANISM		
	Art Unit		N/A	
	Examiner Name		Unassigned	
		Attorney Docket No.		LA-7690-105/10608047

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000167

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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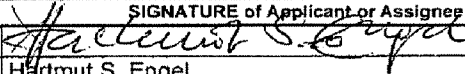
City	State	Zip	
Country	Telephone	Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 	Date 10.06.2009
Name	Telephone
Title and Company X	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.